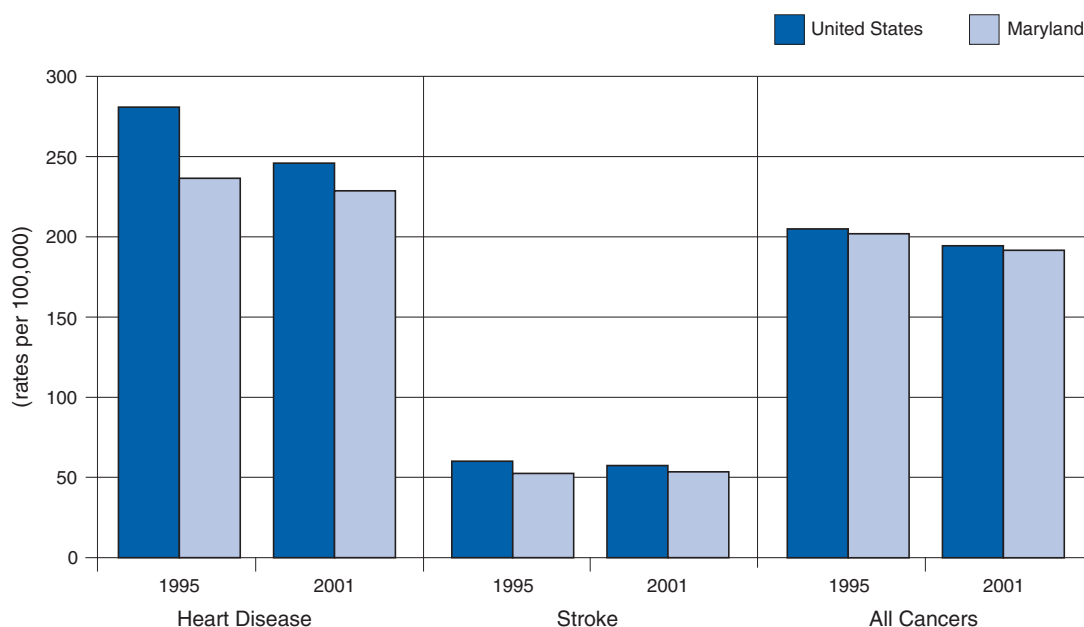


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and Maryland, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

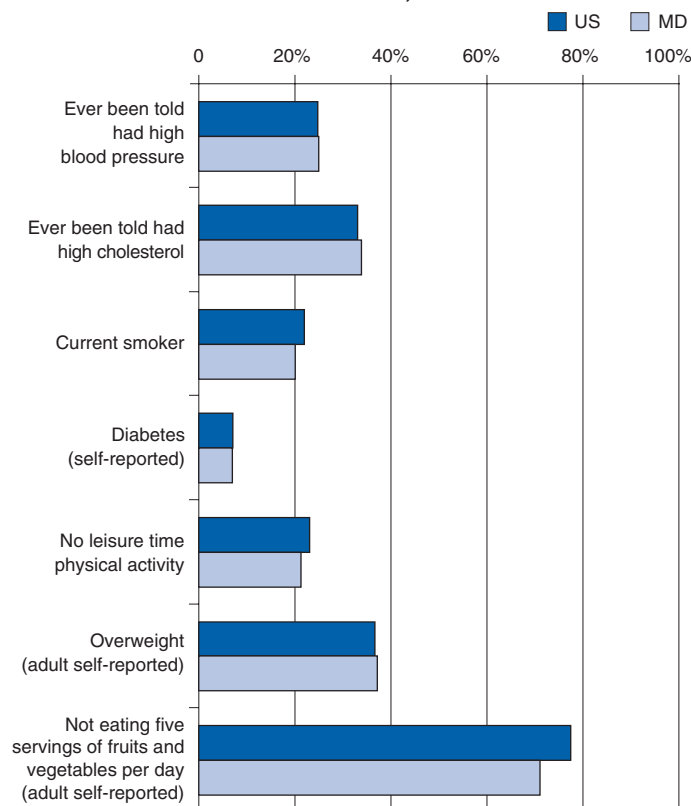
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Maryland, accounting for 12,310 deaths or approximately 28% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 2,882 deaths or approximately 7% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 10,430 are expected in Maryland. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 25,310 new cases that are likely to be diagnosed in Maryland.

Estimated Cancer Deaths, 2004

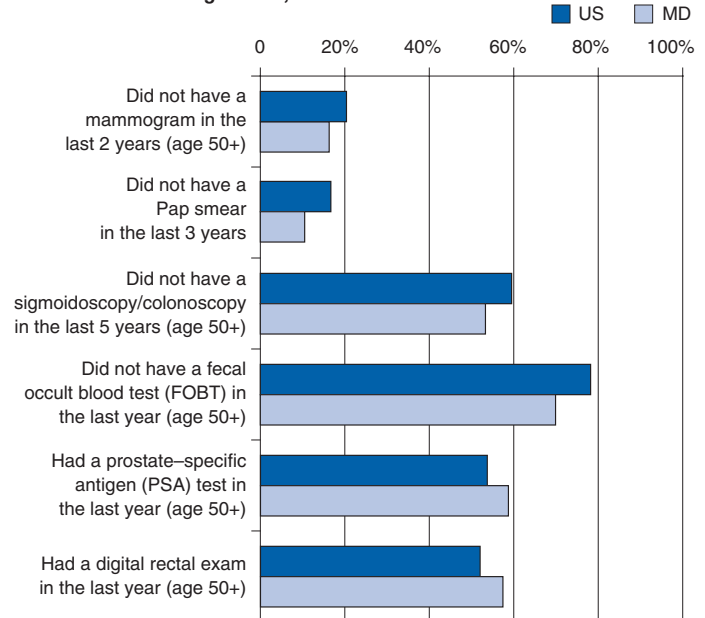
Cause of death	US	MD
All Cancers	563,700	10,430
Breast (female)	40,110	760
Colorectal	56,730	1,090
Lung and Bronchus	160,440	2,940
Prostate	29,900	530

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

Maryland's Chronic Disease Program Accomplishments

Examples of Maryland's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decrease occurring among African American men (449.9 per 100,000 in 1990 versus 335.4 per 100,000 in 2000).
- A 10.8% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 27.1% in 1992 to 16.3% in 2002).
- Lower prevalence rates than the corresponding national rates for self-reported current smokers (20.1% in Maryland versus 22.0% nationally) and for self-reported obesity (21.9% in Maryland versus 22.8% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Maryland in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Maryland, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Maryland BRFSS</i>	\$149,566
National Program of Cancer Registries <i>Maryland Cancer Registry</i>	\$186,503
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>Maryland Diabetes Prevention and Control Coalition</i> <i>Maryland Diabetes Awareness Partnership Network</i>	\$291,386
National Breast and Cervical Cancer Early Detection Program <i>Center for Cancer Surveillance and Control</i>	\$3,929,848
National Comprehensive Cancer Control Program <i>Maryland State Council on Cancer Control</i> <i>Maryland Comprehensive Cancer Control Plan 2004-2008</i>	\$388,705
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>Maryland Tobacco Prevention and Control Program</i>	\$1,025,555
State Nutrition and Physical Activity/Obesity Prevention Program <i>GET ACTIVE. GET HEALTHY!</i> <i>Legislative Fitness Day</i> <i>Maryland High School Dance Showcase</i> <i>Maryland Senior Olympics</i> <i>Project Superfit</i> <i>Seniors Celebrate for Health and Fitness</i> <i>Physical Activity Speakers Bureau</i> <i>Walk in Maryland</i> <i>Maryland is for Movers Conference</i>	\$398,964
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
Total	\$6,370,527

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Maryland that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

In 2001, cardiovascular disease (CVD), including heart disease and stroke, was the primary cause of death for all Marylanders. Many believe that CVD is a man's disease, but a greater number of women die from CVD than men. CDC heart disease mortality data from 1996 to 2000 indicate that the heart disease death rate for women in Maryland was 430 per 100,000. Although this was lower than national rate for women, 438 per 100,000, the data also show that in 2001, heart disease was the leading cause of death for women age 65 and over and was the second leading cause of death for women age 35 to 44, 45 to 54, and 55 to 64.

Tobacco use, physical inactivity, poor nutrition, obesity, hypertension, high blood cholesterol, and diabetes are known and modifiable risk factors for CVD. According to 2003 data from CDC's Behavioral Risk Factor Surveillance System (BRFSS), the overall rate of adult smokers in Maryland was 20.1%. In addition, about one fifth of Maryland's adult population was estimated to be physically inactive, 71.1% were consuming fewer than 5 servings of fruits and vegetables a day, 21.9% were obese, and 7.0% reported that they had been told they have diabetes. Twenty five percent of the state's adult population had high blood pressure and 33.9% had high blood cholesterol. African Americans, those in lower-income populations, and those with lower levels of education tended to have higher rates of smoking, physical inactivity, high blood pressure, obesity, and diabetes.

In Maryland, there were 448,729 days of hospitalization in 1999 attributed to CVD. Hospital charges alone for these hospital stays were more than \$890 million. Of this amount, \$140 million represents the charges for stroke hospitalizations.

In order to address the issue of CVD in Maryland, the state has developed several CVD prevention initiatives. The Office of Chronic Disease Prevention, through its Diabetes Control Program, and the Division of Cardiovascular Health and Nutrition provide grants and technical assistance to local jurisdictions in the state for community-level outreach and education. Other CVD prevention efforts include partnering with state agencies throughout the state, such as the Governor's Office on Smart Growth, the Department of Natural Resources and the Department of Transportation. The state also obtained a grant to implement the Smart Step Forward coalition to revise local codes and to make other changes aimed at encouraging walking in three Maryland communities.

Text adapted from Preventing Cardiovascular Disease in Maryland: Public Health Strategies, (2003).

Disparities in Health

African Americans comprise approximately 12% of the U.S. population and tend to have higher rates of behavioral risk factors for chronic diseases as well as higher heart disease, stroke, and cancer mortality rates.

African Americans, who make up approximately 27.9% of Maryland's population, experience high rates of risk factors for heart disease and cancer—and high heart disease and cancer death rates. Data from CDC's Behavioral Risk Factor Surveillance System for 2003 indicate that African Americans are less likely than whites to consume 5 or more servings of fruits and vegetables per day (27.5% versus 28.6%) and are less likely to participate in leisure time physical activity than whites (72.6% versus 82.7%). African Americans are also more likely to be obese than whites (30.5% versus 19.7%), more likely to have high blood pressure than whites (28.3% versus 26.0%), and more likely to report having been told that they have diabetes than whites (9.9% versus 6.6%).

Given the prevalence rates of the above risk factors for heart disease and stroke, it is not surprising that African Americans also have higher heart disease and stroke death rates than whites. From 1996 to 2000, African Americans in Maryland had a heart disease death rate of 620 per 100,000, compared with 500 per 100,000 for whites. From 1991 to 1998, African Americans in Maryland had a stroke death rate of 145 per 100,000, compared with 110 per 100,000 for whites.

Other Disparities

- **Breast Cancer:** In 2002, BRFSS data indicate that African American women had higher rates of breast cancer screening in the last 2 years (85.1%) than whites (83.3%); however, in 2000, they had a higher breast cancer death rate than whites (34.1 per 100,000, compared with 26.0 per 100,000).
- **Cervical Cancer:** Like breast cancer, 2002 BRFSS data indicate that African American women were more likely to report having had a Pap smear in the last 3 years (90.7%) than white women (89.2%), but from 1997 to 2001, African American women in Maryland had a higher cervical cancer death rate than white women (4.6 per 100,000, compared with 2.3 per 100,000).
- **Prostate Cancer:** African American men in Maryland in 2000 had a prostate cancer death rate that was more than twice as high as the rate for white men (62.7 per 100,000, compared with 27.1 per 100,000).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
E-mail: ccdinfo@cdc.gov | Web: <http://www.cdc.gov/nccdphp>